Oh	The
(be supplied.
	n should carefully learly and legibly.
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.
RESERVEL	G INK. Ev
MARGIN	UNFADIN t. Physiciar
\widehat{I}	Y, WITH
•	PLAINL s especially
	WRITE rect age is
VS A15	PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH 930

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08908 BU

	Reg. Dist. No.	
1. PLACE OF DEATH: County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For ne born infants give residence of mother)	
City or town Mestminister turil	State County County	
(If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution:	City or town (If outside city or town limits, write RURAL NEAR and sive	rd Notown)
Stanle headful as last (one as one to)	Street No.	
Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days) Language Amount of the community (yrs., or mos., or days)	(If rural give LOCATION)	
3. (a) FULL NAME		
Teharles n. Ba	tsell 3. (b) Social Security I	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M. Mydaynad	20 DATE OF OEATH OCTOBER 2 1 194	2_et6_A_M
B (b) Name of husband or wife alle Alrake (Jaly)	In I CERTIFY that death occurred on the date above stated; that tratiended decea	sed from
6(c) If alive, give ageyears	Dec. 20 1046 10 Oct 21	1944
7. Birth date of	and that t last saw how all ve on Oct 1 - 19	194-4
deceased (mo., day, yr.) 8. AGE: Years Months Oays If less than one day	Immediate cause of death	DURATION
77 10 7	Myscardial '1'	r
The A Hand Ra had	degeneration	(0 turns
9. Birthpiace (Rown founty, and state)	Que io antimo della comina	3+yra
10. Usual occupation	Que in	
11. Industry or business Stone Cultury	ONG 10	
12. Name July 3 Cityeel 13. Birthplace July 100	Other conditions	
13. Birthplace thyman		
14. Malden name Unlike 15. Rirthniace	(Include pregnancy within 3 months of death) Major findings;	PHYSICIAN
15. Birthplace	Of operations	Please underline
16. Informani Mis Harrand Senseness		the cause to which death should be charged statisti-
Address Westminster MA	Of autopsy	cally.
Barrel Oct 23-11-	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 Date thereof (month) (day) (year)	Accident, suicide, or homicide Oate of	
Cemetery or crematary 1. S. Clmuly	Where did Injury occur? (City or town) (County)	(State)
Location Strongworth Mag	tnjured at home, farm, Industry, public place (where?)	
18. Funeral director Chaque Lago	Means of Injury Injured et work?	
Address Thurnown myd	1 Top so wither	Na
19. 10/21 19. 47 Fletoday	23. SIGNATURE M. D. o	or other
(Date rec'd by registrar) Registrar	Address Oate signed	philan



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

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08909

CERTIFICAT	E OF DEATH Reg. Dist. No. / D'
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fee newborn infants give residence of mother) State County County County City or town town limits, write RURAL and give nearest town)
Mens In hospital or institution?	Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME of Mate Ban	hert. 3. (b) Social Security Number
Female White Wilson Bankert 6.(a) Single married, widowed, or disasced Grandle White Wilson Bankert 6.(b) Name of husband or wife files files files give age years	MEDICAL CERTIFICATION 20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) March 1, 1874 8. AGE: Tears Months Days A less than one day 73 6 6	Immediato casos of deaths
9. Birthplace (Clown, county, and state) 10. Usual occupation. 10. Usual occupation.	Due to If Best state (healis - lase the) Due to
12. Hame	Diher conditions Selected Contra Selected (Include pregnancy within 8 months of death) Major findings of operations.
16. Informant Manufacture Manu	Autopsy results
Committee Committee Committee Committee Location	Injured of thing (are, industry, public place (where?) Meaos of thing
18. Funeral director. W. G. Feiser Address Hanger Pa. 10. THE R. S. Dames	23. SIGNATURE DELLA M. D. or other
(Date rec'd by registrar) Registrar	Address / / am/pollad Md Date signed a - 7-47

De land Black to a wife you SO INVESTIGATION OF Commence / later Ashira Sala appeared to be decided

age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

WRITE

PLEASE

VS A15

FOR BINDING

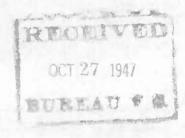
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CERTIFICATE OF DEATH

		71	
Reg.	Dist.	No. 76	

CERTITICA	Reg. Dist. No.
City or town limits, write RURAL and give nearest town) How tong in above place of death? 2	
How long in hospital or institution?	Street No
3.(a) FULL NAME Ludia C. Basler	3. (b) Social Security Number
4. Sex 5. Colorer race 6.(a)Single, married, widowed, or divorced 7 amid	MEDICAL CERTIFICATION 20. DATE OF DEATH OCTOBER 23 1847 at 11104
6.(b) Name of husband or wife for Jacob Bosler. 5.(c) If alive, give age 8.0	21. I CERTIFY that death occurred so the date above stated; that I attended deceased from
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
9. Birinplace Consolid Con Ord (Town, county, and stote)	Due to
10. Usual occupation A	- Use 10
12. Name Ondrews Drechsler 13. Birthplace Germany	(Include pregnancy within 3 months of death)
14. Maiden name Congeline Long. 15. Birthplace Candle Co. M.	Major findings of operations. Date of op.
Address Westminster, Med.	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Cemetery or crematory Cemetery or crematory	Accident, suicide, or homicide
Location Windsminster Mid:	(City or town) (County) (State) Injured al home, farm, industry, public place (where?) Msans of injury Injured at work?
Address Westmanston Mg	1/23. SIGNATURE N. C. Jamette mis,
19. (Date rec's by registrar) 18. 47 Registrar	ddress Wistminster 2 Jate signed 10 - 24.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

......Oate signed.....

					Reg. Dist. No	*********
How iong in above place of di Hospital, institution, or stree Springfield	Syke Syke de city or town eath? 9 MOI et address where State fullon? 9 I	esville limits, write haths, 2 death occurred ospita months,	CURAL and give nearest town) 3. days 4. 1. 23. days	Street No. 9018 Sudbury Ro	unty Montgomery ng s, write RURAL and give nearest town ad LOCATION)) V
	Coior or race white	6.(a)Singi	e. married, widowed, or divorced	MEDICAL C	ERTIFICATION	000
			dureyears	21. I CERTIFY that death occurred on the date ab March 9, 19. and that I last saw her alive on Oct.	ove stated; that I attended deceased from 47, to Actober 4,, ober 4,,	1947.
8. AGE: Years 67	Months 6	0ays 20	It Jess than one dayhrsmin.	Cerebral hemorrhage		
11. Industry or business	Housewi	lfe ndrews		Due to	h cerebral a rterio	year
14. Maiden name	Anna E. New Cumb	McConno cerland cords	211	(Include pregnancy within 3: Major findings of operations. Antopsy results PHYSICIAN: Please underline the cause to w	months of death) Oate of op. hich death should be charged statisticall	
17. (Hurial, cremation, or r Cemetery or crematory	Holle Co	Carlo entor	- 11.	Springfield Stat	(County) (State)	-47

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PLAINLY, vis especially i

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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fir newborn infants give residuace of mather) State County City or town (If nutside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Milton Bencon	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w m	20. DATE DE DEATH Oct. 7 1947, at 4. 7. M
6.(b) Name of Austral or wife Selia Beuson	21. I CERTIFY that death occurred on the date above stated; thal I allended deceased from
	19.40, to 00.118.
7. Birth date of deceased (mo., day, yr.) aug 21-1862	and that I last saw h and alive on
8. AGE: Years Months Days It less than one dayhrsmin.	Immediate cause of death Cere land Throndson 1 mg
9. Birthplace	Due to Custal Calific 3400.
10. Usual occupation Relief former	Due to.
t1. Industry or business 12. Name Beuse Beuse 13. Birthuste	Other conditions
14. Malden name watte www.acost 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations
≤ 15. Birthplace	Date of op.
18, Informant Mus & M. Decedor	Autopsy results
Address 17. Secural Vices ale thereof. Oct 10/47	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) Cemetery or crematory.	Where did injury occur?
Location Beld To	(City or town) (Connty) (State)
18. Funeral director. Eden agriplion	Means of Injury Injured al work?
Address Haybuted Md	maure e Portroseril.
19. Oct. 7 1947 John S. Hughes h	- Address January M. Din other Date started O 1-42



PKAINLY, WITH UNFADING INK. Supply every item of information careful s especially important. Physicians: please write the causes of death clearly an

PLEASE WRITE

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2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH COUNTY COUNT	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants of ve residence of mother) State
Cily or town	City or town
Sow long in hospital institution?	Street No. 2828 Harwew Club. (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME	Bodecker 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced. What would	MEDICAL, CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH.
6.(b) Name of husband or wife	21. RCERTIFY that death occurred on the date above stated: that to although deceased from 19.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of Ceath DURATION
9 Rightniage , Aa	Due to Cardinas Sympathy 3 m
9. Birthplace	Sent arter flerone 1000
11. Industry or aciness/ 12. Name	Dther conditions
14. Maiden name allanu bondenle	(Include pregnancy within 3 months of death) Major findings of operations.
16. Interpolation Boulesty	Autopsy results
2 Ad Jes 2 8 January Wich? 17 Removal, Which?) Date thereot (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Cemetery or crematory Pattsburgh	Where did Injury occur?
18. Funeral director William Cook Duc.	Means of Injury Injured at work?
19. Oct 13 19 HT & Harry Weer	23. SIGNATURE M. D. O.
(Date ree'd by registrar)	Address Sale signed



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CICATE OF DEATH 950

Reg. Dist. No. 77

CERTIFIC	CAIE OF DEATH Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ear newborn infants give residence of mother)
	State Manyland county Canall
Olly or town	1) Ween botter
low long in above place of death?	(If outside city or town ly hits, writs RURAL and give nearest to
Hospilal, institution, or street address where down occurred:	Street No.
	(If rural, give LOCATION)
Now long In hospital or Institution?	
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
HWM	20. DATE DE DEATH Polotion 12 1947, at 1
He asses 21 B	21. I CERTIFY that death occurred on the date above stated; that I attended deceased fro
6.(b) Name of husband - We West Water	20 113. Robertz
7. Birth date of	wyears and that I last saw hand hally on the last saw has been saw hand hally on the last saw hand hally on the last saw hand hally on the last saw has been saw hand hally on the last saw has been saw hand hally on the last saw has been saw hand hally on the last saw has been saw hand hally on the last saw has been saw hand hally on the last saw has been saw has bee
deceased (mo., day, yr.) fluid 22-18/1	Immediate carse of death.
8. AGE: Years Months Days if less than one day	O Chrone myranditial ?
16 3 20hrs.	min.
9. Birthplace Manyland	Due to Toly his Lines by Carelio - 7
(Town, county, and state)	9 Hascilar Ciscara.
10. Usual occupation of austweff	Due to.
11. Industry or business)	
12. Name William R Davides 13. Birthplace	Dither conditions
Z 13. 8irthplace made	
14. Maiden name Susanna Hoffma	(Include pregnancy within 3 months of death)
14. Maiden name Susauma Hoffma 15. Birthplace Mid	Major findings of operations.
≥ 15. Birthplace	Date of op.
16. Informant July 1000 Constitution of the Co	Antopsy results
Address Heurpsteed My	
17 Bunal Dale thereof Oct 15/4	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year	
Cemetery or crematory.	Where did injury occur?(City or town) (County) (State
Location Octional De Michigan	Injured at home, farm, industry, public place (where?)
18. Funeral director Raco Pipton	Means of Injury tnjured at work?
Marine to 171	id halch Da
Address felligfalag M	23. SIGNATURE TOSAPATE Such M.
19. Oct. 14 19 47 John S. Augha	M. D. or other
(Date rec'd by registrar) Reg	giptar Address Hamfollow Date signed 0-1

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

310

CERTIFICAT	TE OF DEATH Reg. Diat. N.
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. S. 3	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Glenn Theodore	Buckingham 212-14-8904
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 21. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
8.(b) Name of husband or wite line both Suckerylasing 8.(c) It alive, give age 35 years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from 19. 4 to 2.
8. AGE: Years Months Days If less than one day	Immediair cause of death. Actif Cardian DURATION 8 Elemparation 8 fairs Chagain Impocardina I year
9. Birthplace (Town, county, and atate)	Due to Chronic Interestitual 3 years
11. Industry or business	Due to
12. Name Clasha Subangham 13. Birthplace Med. 14. Maiden name Managham 15. Birthplace Med.	(Include pregnancy within 8 months of death)
16. Informant Ma Musey Dayle	Major findings of operations
Address Landowne, Balto. 6s. Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory (day) (year)	Where did injury occur?
18. Funeral director HBankard Son	Injured at home, farm, Industry, public place (where?)
19. (Date rec'd/by register) Address (Lytminuster Med.) (Date rec'd/by register) Registrar	23. SIGNATURE Selmas. R. Touty MA Address NEstminstn MA Date signed 10:22 47



VS A15



2411 N. Charles St., Baltimore

1700

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Mt. Airy	Marriand	
City or town	State Mary Land County Baltimore City	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town) 629 S.Rappolla St. Street No. 29 S.Rappolla St.	
nospital, institution, or street augiess where weath occurred.	Street No.	
How long in hopegital or institution?	(If rural, give LOCATION)	
3. (a) FULL NAME	12 /h C : 1 C 1 N 1	
lesse de Koy Butter	3. (b) Social Security Number 219-05-2209	
4. Sex 5. Color or race 6.4 Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Single	20. DATE DE DEATH QUINTER 19 19 17 21 11 50 A. M	
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	19	
B.(c) if alive, give ageyears	and that I last saw halive on	
7. Birth date of deceased (mo., day, yr.) June 26, 1912		
8. AGE: Years Months Days If less than one day	Immediate caused death Dune and Cerured	
to the state of th	Villetine.	
Carroll Co. Maryland	Due to	
9. Birthplace (Town, county, and state) Crane Operator		
10. Usual occupation Bethlehem Steel Co.	Due to	
Jesse A. Butler 12. Name	Dther conditions	
	(Include pregnancy within 8 months of death)	
14. Maiden oame	Major findings of operations.	
Sophia J. Grimm 14. Malden oame	Date of of.	
18. informant Mrs. Sophia J. Butler	Autopsy results.	
Address Mt. Airy, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burlet execution or compared Which?) (month) (day) (year)	Accident, suicide, or hamicide.	
Cometeri Pine Grove	Where did injury occur (City or town) (Obunty) (State)	
Mt Airy Maryland	Injured at home, farm, Industry, public place (where?)	
Location Mt. Airy, Maryland	Injured at home, farm, Industry, public place (where?)	
18. Funeral director	Means of Injury lines for account toward at work?	
Winfield, Md.	loop DIXIII.	
Address DI A	23. SIGNATURE SILLA M. D. or other	
19 (Date rec'd by registrar) 19 (Date rec'd by registrar) Registrar	1/101 4 7/1	



Corse 47 Dint Ligher

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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D.	- Dist	Na	())
17.0	E. Dist.	. 140.		a.

1. PLACE OF DEATH: Carroll County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Carroll City or town (If outside city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION) 2.(a) It veteran, name war		
3. (a) FULL NAME				3 (b) Social Socurity	Number
	ZOLAN	D T. CARR		3. (b) Social SecurityNone	24 WILLIAM
4. Sex 5. Color or ea	ice 6.(a)Singlo, i	narried, widowed, or divorced	MEDICA	L CERTIFICATION	(
Male Whit	e Mar	ried	20, DATE DE DEATH 6 Q C		4:00 P
6.(b) Name of husband or wife	Daisy Ca	rr	21. I CERTIFY that death occurred on the d		
6.(b) Name of husband or wife		45	1011	19 1, 10 Oct	19.47
7. Birth date of	Jan. 2	fallve, give ageyear 27, 1902	and that I last saw h.l. M. alive on		
deceased (mo., day, yr.) 8. AGE: Years Months		It less than one day	Insmediate cause of death	Λ	DURATION
8. AGE: Years Months	9	hrsmin	hypertensive cac	dis value	***
Carroll	Co. Mary		alseare usto 2	nyocoraro	***************************************
9. Birthplace	Town, county, and sta	te)	Bue to COO COO COO		
10. Usual occupation			Due to	***************************************	
	larry Cari				
12. Name		Maryland	Dther conditions		4=
	Elizabeth	Bloom	(Include pregnancy wi		196
14. Malden name		Maryland	Major findings of operations		
Mrs. Daj		ration y Laria			
18. Intermant	aither.	Md.	PHYSICIAN: Please underline the cause	e to which death should be charged	statistically.
Burial (Burial, oromatica, os someral. Cometery or orematery	Dale thereof Springfie	10-10-47 (month) (day) (year)	22. VIOLENCE: If death was due to exter Accident, suicide, or homicide	Date of	
Sykesville	e, Carroll	Co. Md.	Injured at home, farm, Industry, public pl		
	C. M V		Means of Injury	Injured at work?	4
18. Funeral director	Winfiel		/ Jost	tamed her	
19 Ool 9 Date rec'd by registrar)	47 Edua	M. Hewitt	23. SIGNATURE STATES	M. D. Date signed	or other 10/6/47

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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//			CLICITI ICA	L OI DEATH	Reg. Dist. No	
1. PLACE OF DEA	TH:			2. USUAL RESIDENCE (HOME) OF	F DECEASED:	
County Car	roll		***************************************			
City or townHen	ryton, 1	ld.	and give nearest town)	state Maryland Cour		
(11 ou	staide city or town	mog 27	days	City or town Baltimore (If outside city or town limits	TA TATIFA & 3	
How long in above place of Hospital, Institution, or	of death?	death occurred:				
Mervland	Tuberci	ilosis Se	natorium	Street No. 5613 Crow Co		
Book to be setted as	Land Co	lored Bra	nch. Henryt	1.(a) If veteran, name war	✓ /	
3. (a) FULL NAME			Carried Commission Com	T-E,(U) II receian, name war		
3. (a) FULL NAME					3. (b) Social Security	Number
	Emma	Carter			220-14-3	387
4. Sex	5. Color or race	8.(a) Single, marrie	d, widowed, or divorced	MEDICAL CE	ERTIFICATION	3/
female	col	Sens	rated	20. DATE OF DEATH October 7	. 4	7.4:25 A
				21. I CERTIFY that death occurred on the date abo		
6.(b) Name of husband o	-			March 10	48 Octob	or 7.47
***************************************			e, give age 39 years	and that I last saw her alive on Oct	toher 7	A 17
7. Birth date of deceased (mo., day, yr		mber 25.				
8. AGE: Years	Months		ss than one day	Pulmonary Tuber	nalogi e	Feb.
	0	12	20	Pulmonary ruber	SULUSI S	1946
34			hrsmin.		***************************************	1940
9. Birthplace Su	umpter,	S. Caroli	na	Due to	•	
1D. Usual occupation	Canner	¥	***************************************	Due to	••••	** ************************************
11. Industry or business						
E 12 Name JC	hn Rich	ardson		Other conditions		
	S. Carol					
K 13. Dirtiplace	W the	Cabbana	nalta	(Include pregnancy within 3 m	nonths of death)	
14. Maiden name	Wintest	cappaga	salto	Major findings of operations		
15. Birthplace	S. Carol	ina				
14. Maiden name 15. Birthplace	eceased			Autopsy results		
				PHYStCIAN: Please underline the cause to wh		
Address	-71			22. VIOLENCE: If death was due to external cause	ses, fill in the following;	
17. (Burial, cremation,	eck.	Date thereof	(month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation,	or removal, Which?	0	(month) (day) (year)			
Cemelery or cremator	Y P	, 0,	7	Where did injury occur?(City or town)		
Location	Junte	as SC	4.4	Injured at home, farm, Industry, public place (wh	nere?)	•••••••••
	OX	2 3/	001	Means of Injury	fnjured at work?	
1B. Funeral director	Tur	ange	I- 0	7 <		
Address	skeen	ille,	max	IN SIGNATURE // Oc. Co. COD	Rusu m	7).
1 not 7	47	alle	R Sun 1		Genau, M. D.	
(Date rec'd by reg	(istrar) 19	The local	Registrar	Address Henryton, Md		

OCT 15 1947

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 74

1. PLACE OF DEATH: County Carroll City or town Hanryton Maryland (If outside city of town limits, write RURAL and give nearest town) How long in above place of death? 2 mos. 16 days Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in hospital or institution? Colored ranch, Henrytor 3. (a) FULL NAME	(If outside city or town limits, write RURAL and give nearest town) Street No. 1102 W. Fayette St. (If rural, give LOCATION) 2.(a) If veleran, name war. 3.(b) Social Security Number		
Fred Hazel Crockett	218-01-4902		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male col married	MEDICAL CERTIFICATION A. 20. DATE DF DEATHOctober 14		
6.(b) Name of husband or wife Carrie rockett 6.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated: that t attended deceased from July 28 1s. 47 to October 14s 47 and that I last saw h imalive on October 14 1s. 47		
deceased (mo., day, yr.) October 1, 1896 8. AGE: Years Months Days If less than one day 51 0 13 hrs. min.	Pulmonary Tuberculosis Pulmonary Tuberculosis March 1947		
s. Birthpiace	Due to		
12 Name Henry Crockett 13. Birthpiace S. Carolina 14. Maiden name Lula Neal	Other conditions		
16. Informant Deceased	Autopsy results		
Address 17. David Date thereof (month) (day) (year) Cemetery or crematory Def trust audorsman Location Date thereof (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide		
18. Funeral director. A ali . P. Milleino Address 3 2 2 2 8 Chresdy St 19. Oct. 14 19 47 Albert R. Sava M. (Date rec'd by registrar) L. Cal Deputy Registrar	Means of Injury 23. SIGNATURE Realess M. D. or other Address Henryton, Md. Date signed 10/14/47		



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEA	TH:	7-m-17 00	2. USUAL RESIDENCE (HOME) OF DECEASED:	
Carrott Co.			(For newborn Infants give residence of mother)	
Mt. Alry			State Maryland County Carroll	4400
City or town(If or	tside eity or town i	mits, write RURAL and give nearest town)	" Mt. Airv	
How long In above place	of death?	mits, write RURAL and give nearest town)	City or town(If outside city or town limits, write RURAL and give r	nearest town)
Hospital, Institution, or	street address where	death occurred:	Street No.	
			(If rural, give LOCATION)	
How long in hospital or	Instillution?		2.(a) II veteran, name war	
3. (a) FULL NAME			3. (b) Social Securit	y Number
		CARRIE M. CR		
4. Sex	5. Color or raco	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	P
Female	White	Married	20. DATE DF DEATH. Oct 18 4.	7 at 2;30A
6.(b) Name of husband	Joh	n W. Crouse	2t. I CERTIFY that death occurred on the date above stated; that I attended de	ceased Irom
		68	October 5, 1947, 10 Oct.	18 19 4
7. Birth date of			and thal I last saw h Malive on	19.4
deceased (mo., day, y	ne	c. 28,1870	Immediate cause of death	
8. AGE: Years	Months	Bays If less than one day	A .	
76	9	20 hrs.	nin. Cerebral hemorrhage	1300
Fac	Jonials C	Maryland		479
9. Birthplace	TOT TOW O	county, and state) Wife	Bue to Hyperteusium	July
-,-	House	wife		3
10. Usual occupation			Bue to Cramo - ochroso	Sysa
1t. Industry or business				
	nn L. Lo	ng	Sther conditions	
t2. Name		Maryland		
t3. Birthplace	Tim 3	ly Gilbert	(Izclude pregnancy within 3 months of death)	
14. Malden name	Till T	TA GITDEL O	Major findings of operations 20008	
W to Riginalizes		Maryland	major regings of operations	
T.	ohn W. C	rouse		
16. Intermant			Autopsy results	ed statistically.
1.ddress	Mt	. Airy, Md.		
Buri	al	10-20-47	22. VIOLENCE: If death was due to external causes, till in the Iollowing:	
(Burlal, acamation	or something	(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremate	Pi	ne Grove	Where did injury occur?	(State)
Demetery of cremate	+ Λi η τ	Maryland		
Location			Injured at home, farm, industry, public place (where?)	
1B. Funeral director	C.	M. Waltz	Means of Injury Injured at work?	
16. Funeral director		Winfield, "d.	0 -1 0 . 10	
Address		Maria rola, a.	23. SIGNATURE Volantin Trabill	
Max 2	0 00	2 Mush Hund	0 1 M.	D. or other
19.000	19.4.	Regis	trar Addross Many - Ma Date sign	ed 10/19/4

correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

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Corso Stute Sulway

information carefully. The cof death clearly and legibly.

UNFADING INK. Supply every item of ant. Physicians: please write the causes

WITH UNF important.

PLAINLY, V is especially

PLEASE WRITE

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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30		7
Reg. Diat.	No.	

CERTIFICAT	Reg. Dist. No.
. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Henryton. Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2yrs. 6 mos. 13 days. How long in institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in hospital or institution? Colored Branch, Henryton	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1623 East Eager Street (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Frank Henry Curley	3. (b) Social Security Number 215-12-5408
Frank Henry Curley 6. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION A. 2D. DATE OF DEATH. October 15
6.(b) Name of husband or wite Elaine Curley 6.(c) If alive, give age 22 years 7. Birth date of deceased (mo., day, yr.) June 27, 1922	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2 19 45 to Oct 15 19 47. and that I last saw h. im. alive on October 15 19 47. Immediate Cause of death. DURATION
8. AGE: Years Months Days If less than one day 25 3 18	Pulmonary Tuberculosis Nov. 8
9. Birthplace Newport News, Virginia 10. Usual occupation Chauffeur 11. Industry or business 12. Name Thomas Curley 13. Birthplace Newport News, Virginia 14. Malden name Magnolia Hill 15. Birthplace Newport News, Virginia	Due to
Address 17. (Burial, cremation, or removal, Which?) Cemetery or crematory. Location 18. Funeral director. Address Address 19. (April 19.	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08921

1. PLACE OF BEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother) Ballimore City
City or town Springfield State Hospital (If outputs elty or town limits, write IJURAL and give nearest town)	
How long in above place of death? 4 mos. 16 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 215 Dukunan St
Springfield State Hospital	(If rural, give LOCATION)
How long in hospital of institution? 4 18105. 16 days	2.(a) If veteran, name war
3. (a) FULL NAME Samuel Thomas Davis	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE OF DEATH 6:20 P. M
6.(6) Name of husband or wife. Jeannie Davie	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	June 10, 19 4 7, 10 6 ct. 2.6, 19 42
7. Birth date of Section 1. Section 2. Secti	and that I last saw h alive on James 10, 1947 18
deceased (mo., day, yr.) 9-26-85	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Cascinoma of right lung 2. 4 msg.
6 hrsmln.	
a Richalder Martinsburg, W. Va.	Charlie Aleabalia 22
8. Birthplace	Brote Chrome Alcoholism 30 yrs.
10. Usual occupation Carpenter	
	Due lo
11. Industry or business	
# 12. Name James & Davis	Dither conditions
\$ 13. 8 orthoplace / martinslung, W.Va.	
14. Maiden name Catherine Baris	(Include pregnancy within 8 months of death)
14. Malden name W. Va-	Major findings of operations.
Market regards.	Date of op.
18. Informant Noglital recards	Antopsy results
Address	
17 Burial Date thereof Oct 29/147	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory & Alisa Spanse Culling	Where did injury occur?
Location Retalice Highway	Injured of home, farm, Industry, public place (where?)
Paris A. mal Hanse	Means of Injury Injured et work?
18. Funeral director. L. William J. William J. C. J. J. C. J. C. J. C. J. J. C. J. J. C. J. J. C. J. J	1 11 11 0 - 1 11 1 0
Address (2 / (D. Chavelles)	23. SIGNATURE Joseph H. Marshall, M.D.
19. (Unto ree'd by registrar) Registrar	Address Skringfield State, Hashilahar almost 60/26/47
	The state of the s

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PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

ar/	18922
Reg. Dist.	No. 74

1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
			State Maryland Coun	State Maryland County.		
City or town Henryton Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?			City or town Baltimore- 17	write RURAL and give nearest town)		
How long in above place	e of death?r streel address where	Loth neurrod:	(If outside city or town limits,	write RURAL and give nearest town)		
Maryland	Tuber cul	losis Sanatorium	Street No. 822 Woodyear S	OCAMIONIA		
		ryton, Maryland	2.(a) li veteran, name war	J J		
3. (a) FULL NAM			2.(b) It receian, name was	3. (b) Social Security Number		
3. (a) FULL NAM						
	ANDRI	ROOSEVELT DORSE		218-12-7191		
4. Sex				RTIFICATION		
Male	Colored	Single	2D. DATE DF DEATH October 8	47 6:15-A		
6 (b) Name of husband	l or wite		DE V DERVIEW that doubt assured on the date about	re etated; that i attended deceased from		
			September 17	19 19		
7. Birth date of	**		and that I last saw h alive on Octo	ber 8		
deceased (mo., day,		wn- 1907	Immediate cause of desth			
8. AGE: Year		Days If less than one day	Pulmonary Tuberci			
40	?	?hrs,n	nin.	1947		
Bal	Ltimore, I	Maryland	Due to			
g. Birmpiace	(Town,	county, and state)				
1D. Usual occupation	<u>المنا</u>	aborer	Due to			
11. Industry or busine	ss					
当 12. Name	Unknot	m l	Dither conditions			
12. Name	Unknow	0	1,			
	Unknown		Unclude pregnsney within 3 m	nonths of death)		
H 14. Maiden name		Taren 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Major findings of operations			
2 15. Birthplace	Unknow	n				
18. Informant De	eceased		Antopsy results			
			PHYSICIAN: Please underline the cause to wh	ich death should be charged statistically.		
Address	0	10/11/11	22. VIOLENCE: If death was due to external cause	ses, fill in the following:		
17	Oceanor Which?	Bate thereof (month) (day) (year)	Accident, suicide, or homicide	Date of		
	1/	(Where did injury occur?(City or town)	(County) (State)		
Cemetery or crep	fory	Pita koaus a				
Location	all my C	sug/ horas	Injured at home, tarm, Industry, public place (wh			
18. Funeral director	mus, T	rackless W. Heardey	Means of Injury	Injured at work?		
-	1 2 411	Billy St	1/2 2 4	600 2. 3		
Addrees	1 10,	man ar.	23. SIGNATURE RELEGEN OF	M. D. er other		
october	8, 19 47	ally R. Sunn		M. D. or other		
(Date rec'd by r	egistrar)	Local Denuty Regist	rar Address Henryton, Md.	Date signed LU-5-4.7		



CERTIFICATE OF DEATH

Reg. Dist. No.....

			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:		
County Carro	LL on	Marvla	m d	State Maryland County		
City or town Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town)						
How long in above place of death? 1 yr. 3 mos. 8 days		City or town				
harriand	Tubero	mlosis	Sanatorium	Street No. 831 South Boy	d St.	
How long in hospital or i	Co.	lored	Branch	2.(a) If veteran, name war		/
3. (a) FULL NAME		compactible traces a facility		2.(4) 11 1010111, 1111111	3. (b) Social Securit	
J. (G) YOLL HAML			2 72 2 2			
4. Sex	5. Color or race	les Ca	lvert Edwards , married, widowed, or divorced	MEDICAL C	220-14-58	363
				MEDICAL C		P. 5.15
male	col		single	20. DATE OF DEATH October		
6.(b) Name of husband or	r wife			21. I CERTIFY that death occurred on the date ab		
7. Birth date of		6.(4) If allve, give ageyears	and that I last saw h. 1 IIIalive on	toher 23	47
7. Birth date of deceased (mo., day, yr.	Maj	rch 21.	1925	Immediate cause of death		
8. AGE: Years	Months	Days	If less than one day	Pulmonary Tuberc	ulosis	T-12 4+1-
22	7	2	hrsmin.		***********************************	1945
9. Birthplace Bal	timore	Maryl	and	Due fo	***************************************	

1D. Usual occupation	Labore.	C	***************************************	Due to		
11. Industry or business	~ 1	. 27 7	3 -		•••••••••••	****
-		9.2		Other conditions		
	Baltimo			(Include pregnancy within 3	months of death)	
14. Malden name	Glady	s Ruffi	ns	Major findings of operations		11
15. Birthplace	Baltim	ore, Ma	ryland			
16. Informant De	ceased			Antopsy results		
Address				PHYSICIAN: Please underline the cause to w		ed statistically.
Bus	al.	Date there	act 27-194	22. VIOLENCE: If death was due to external ca		
(Burial, cremation,	or removal. Whic	eh?)	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	True	reer	un lem	Where did injury occur?(City or town)	(County)	(State)
Location	BRIT	core	a may	Injured at home, farm, Industry, public place (w	rhere?)	
18. Funeral director	Eler	000	Wilson	Means of Injury	Injured at work?	
100	271/		The sol	7.05	con o	5
Address		0		23. SIGNATURE LULLELL	Muau	m. U.
19. October	2319 4	7 alle	cal Deputy Registrar	Address Henryton, Ma	ruland not size	10/23/4
(Date rec'd by regi	strar}	T.	cal Denuty Registral	Address	P. A. T. C. T. T. T. T. Date signe	U

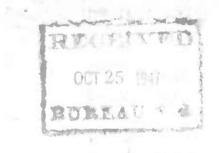
BINDING WITH UNFADING INK. Supply every item of important. Physicians: please write the causes FOR RESERVED MARGIN

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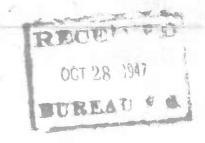
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Joe -	D: .	M		71	4
Reg.	Diat.	No.		Kuf	

I. PLACE OF DEATH: Carroll				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Sykesyille			••••••••••••••••••••••••••••••••••••••	state Maryland cou		City
(If outside city or town limits, write RURAL and give nearest town)		Rol+i	mama			
How long in above place of death? 12 years, 6 months, 1 day		City or town	s, write RURAL and give nea	rest town)		
Hospital, Institution, of	r street address where eld State	Hogoit	: e 1			
ppr ingi	12	MOSPIC	6 months 1 day	(Illiais, give		
How long in hospital	or Institution?	years,	6 months, 1 day	2.(a) If yeleran, name war		
3. (a) FULL NAM	Ida I	arris			3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
female	white	wi	dowed			5 50 0
				20. DATE DF DEATH October 25,		
6.(b) Name of husband	or wife Fran	ık Parr	is	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended decer	ased from
		6.6	t) It alive, give ageyears	January 2,	42 to Uctober	251947
7. Birth date of	Fahmie	ary 24,	1972	and that I last saw h OC to		7
deceased (mo., day,		Days	It less than one day	Immediate cause of death		DURATION
o. Ade.				Tuberculesis of the		
75	8	2	hrs min.	(right femur)	about	6 months
9. Birthplace We	est Virgin	e	state)	Due to	***************************************	***************************************
	(Town	, eounty, and	state)			
10. Usual occupation	Houseworl	<u>C</u>		Due to		
11. Industry or busine	ss				***************************************	
12. Name	Joseph Noel	L		Other conditions Involutional	melancholia	13 years
13 Righniage	West Virgi					
	Managarda	A 1-77		(Include pregnancy within 8 r	months of death)	1
14. Maiden name	West Virg	rinie		Major findings of operations	***************************************	
15. Birthplace	11000 1116	5 ********			Dale of op	
16 informant Ho	spital red	cords	***************************************	Antopsy results		
Spr	ingfield St	tate Ho	spital	PHYSICIAN: Please underline the cause to wi	hich death should he charged	statistically.
7)	r /		ム・メ クフルウ	22. VIOLENCE: If death was due to external cau	ises, fill in the following;	
M. Jack	n, or removal, Which	Date ther	eof (mopth) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crema		W RN	las Cometires	Where did injury occur?(City or town)		
Cemetery or crema		00	10.0 Po. D. FT			
Location . L.U.U.	Shirton	194-	Towning S	Injured at home, farm, Industry, public place (w		
18. Funeral director.	Frank	HIVI	ewell!	Mesns of Injury	Injured at work?	
0.	Leser Ol	2 3 2/1	d.	1. 11	Vlehum.	U.D
Address	MALTER	135		23. SIGNATURE Men /	Vieduces,	
19. Oct	26 19 49		Herry Well	Springfield Stat	e Hospital	10-25-47



MARYLAND STATE DEPARTMENT OF HEALTH

			CERTIFIC	ATE OF DEATH	Reg. Dist. No.	74	
			CERTIFIC			•	
1. PLACE OF DEATH: County Carroll					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town				state Maryland	State Maryland county Prince George		
(If ou	tside city or town li	mita, write RU	mo. 4 days	City or town	11e	e nearest town	
Hospital, Institution, or s	street address where	death occurred:					
Marylan	d Tuber.c	ulosis	Sanatorium Franch, Hemryt	(10)	frural, give LOCATION)		
		01.04		2.(a) tf veteran, name war		. N. L.	
3. (a) FULL NAME					3. (b) Social Secu		
4. Sex	Augu	Stus 1	married, widowed, or divorced	MEDI	MEDICAL CERTIFICATION		
male	col.		single		er 16 19.4		
Mare	COT.		DIMBIO		the date above stated; that 1 altended		
6.(b) Name of husband				September 12	19 44 to Octo	ber 16	
7. Birth dale of			If alive, give age	years and that I last saw hIMalive o	on October 16		
deceased (mo., day, yr.) November 10, 1923 8. AGE: Years Months Days If less than one day				Immediate cause of death	Tuboroul ocho		
2.3	1.1	6	hrs.	Pilmonary min.	Tuber culos s	Jun 194	
				Due to			
9. BirthplaceHuntsville, Md. (Town, county, and state)							
10. Usual occupation Electric Truck Operator				Due to	***************************************		
11. Industry or business							
12. Name Benjamin Ford 13. Birthptace Maryland				Other conditions			
13. Birthplace Maryland 14. Maiden name Gertrude Queen				(Include pregnance	(Include pregnancy within 3 months of death)		
				Majur Hadings of operations			
	Maryland				Date of op	***************************************	
16. Informant Deceased				PHYSICIAN: Please underline the	Autupsy results		
Burial Date thereof 10/19/47				-	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Which?) Cemetery or crematory. Date thereof. (month) (day) (year)							
				Whers did Injury occur?(Cit		(State)	
Location Sestant of Colombia				******	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Robertson Ev.				Mesns of injury	Injured at work	?	
Address /3	13-6	St.N.	W. Wash. D.	C. //2. R.	tolenous	m.D	
Address				// 23. SIGNATURE	AA VIII WALLEY	A	
19 October	16. 4'	(11/	AR. Swans	Strar Address Henryton,	U k	1. D. or other	

OCT 25 1947

The state of the s

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

830 08926

Rev. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant give residence of mother)
County	State State Copyri Trederice
(If outside city or town Aprits, write RURAL and give nearest town)	City or town
How long in above place of death?	Street No.
	(If rural, give LOCATION)
How long to hospital or institution?	2.(a) If veleran, name war
3. (a) TULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or elvorced	215-20-9121
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
m whatever	20. DATE DE DEATH. 0.C. 7 19. 47 . at . 7 av. M
6.(6) Name of husband or wife State	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 6, to 47, to Oct 7, 1947
7. Dirth date of Years	and that I last saw h. Liam alive on Oct 7 19.47
8. AGE: Years Months Days If less than one day	Immediate gause of death
71 0 4min.	Derival Simonality and Color
m	Que to ardirio schrosis and issa
9. 6 rthplace(Town, county, and state)	Stabertersion
10. Usual occupation.	Bue to
11. Industry or Juline's	
12. Name Outo Jumo	Other conditions Branchia Walliams 1918
المستران المرابع والمستران والمستران والمستران والمستران والمستران والمستران والمستران والمستران والمستران	(Include pregnancy within 3 months of death)
14. Maiden name Parket Washing	Major findings of operations
15, 6 rthplere	- Date of op.
t8. Informant	Antopsy results
Oddress Ommisburg Me	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Keyshille	Where did injury occur?
Location Keystille md	Injured at home, farm, industry, public place (where?)
18. Funeral director Co. D. Shash Son	Means of Injury tnjured at work?
O water	0 200
Address and the man	23. SIENATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Maring - Md Date stgned 10/7/47

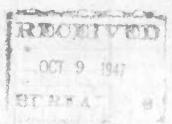
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9-45-15h

VS A15



ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. CERTIFICATE OF DEATH 1. PLACE OF-DEATH: How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or institution? 3. (a) KULL NAME 7. Birth date of deceased (mo., day, yr.)

If less than one day

Registrar

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08927

M. O. or other

Date signed.../

	The state of the s
2. USUAL RESIDENCE (HON	AE) OF DECEASED:
State Mary Cant	county Carrolf
City or town Keyne	wn limits, write BARA and give nearest town)
foutside city or to	
Street No. (If run	ral, give LOCATION)
2.(α) If veteran, name war	ove ()
2 0	3. (b) Social Security Number
le.	218-05-0869
MEDICA	AL CERTIFICATION
20. DATE DE DEATH. O	en 11 47 3 P.
	data about stands that I attended decreased from
	date above stated; that I attended deceased from
	19
and that I last saw hallve on	
Suffee death	DURATION
Due to Compres	you O Check
due to	•
Due to Tourton	accident
BUC IV	•
Other conditions	
(Include pregnancy w	vithin 3 months of death)
Major findings ol operations	
	Date of op
Antopsy results	
	se to which death should be charged statistically.
22. VIOLENCE: if death was due to ext	ernal causes, fill in the following;
Accident, suicide, or homicide	whech Date of 10-11-47
Where did injury accur? (City or	town) (Coanty) (State)
Injured at home farm, Industry, public	place (where) Home - famu
Means of injury Fractor ac	eident injured at work? Mes
//	1 1 1 1 . 8 .
22 SIGNATURALLES /	March Deputer Thed fex um

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8. AGE:

1D. Usual occupation

11. Industry or business

t3. Birthplace

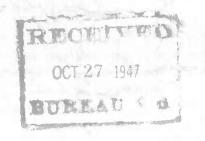
(Date rec'd by registrar)

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

08928 Reg. Dist. No. 24

X. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Carroll	State Maryland County Baltimore City
City or townRural-Sykesville. (If outside city or town limits, write RURAL and give nearest town)	
How long In above place of death?33 Years	City or town. Ballings of town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 1928 Walbrook Ave
Springfield State Hospital	(If rural, give LOCATION)
How long in hospital or institution?33. Years.	2.(a) It veteran, name war.
3. (a) FULL NAME GRANVILLE HAINES	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	
mare witter Dingre	20. DATE DF DEATH 9 Oct 47 19 19 21 10:00P.M
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1 July 47 19 19 9 Oct 19 47
7. Birth date of deceased (mo., day, yr.) Sept. 3, 1891	and that I last saw himalivo on
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
56	Chronic myocarditid and myocardial 2 Months
20 1 0hrsmin.	degeneration.
9. Birthplace Baltimore City, Maryland [Town, county, and state]	Due to
10. Usual occupation Physician	
	Due to
11. Industry or business	
12. Name Marshall Haines 13. Birthplace Carroll Co, Md	Other conditions Dementia praecox 33 Years.
	(Include pregnancy within 3 months of death)
14. Malden name Clara May Greenfield 15. Birthplace Baltimore Co. Md.	Major fiadings of operations.
Baltimore Co. Md.	Major hadness of operations. Date of op.
	Autopsy results.
16. InformantMrs Marshall Haines, Mother (Deceased)	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1928 Walbrook Ave. Baltimore, Md.	22, VIOLENCE: If death was due to external causes, fill in the tollowing;
Burial (Burial, cremation, or removal, Which?) Date thereof 10 Oct 17 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Hospital Cemetary	Whera did Injury occur?
Location Springfield State Hospital	Injured at home, farm, industry, public place (where?)
18. Funeral director C. Harry Elee	Meens of Injury Injured at work? MAYTIN GYOSS.
Address Sukerille Int.	23. SIGNATURE Marin Gross M. D.
	23. SIGNATURE
19. Oct. 10 18.47 C. Harry Weer	Sykewille, mr Bale signed 10-10-47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

e correct age

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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42	D		14
Reg.	Diat.	No.	

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorbed	3. (b) Social Security Number MEDICAL CERTIFICATION
F. W Single	2D. DATE DE DEATH. QUISTRO 16 18 H.Z., 21 3/15A.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 194
8. AGE: Years Months Days If less than one day # 8 2hrsmin.	Immediate cause of death DURATION DURATION
9. Birthplace	Due Cardio Mascular Dulase
1D. Usual occupation	Due to
11. Industry or business 12. Name Daniel Janes 13. Birthplace	Diher conditions Disabetes
t4. Malden name Blancher M. Johnson	(Include pregnancy within 3 months of death) Major findings of operations
16. Interment Mass. Middlef Marington	Autopsy results
(Burial, cremation, or removal. Which?) Date thereof. Office (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Statement Car,	Injured at home, farm, industry, public place (where?)
18. Funeral director	g- 09m
19. Ott. 17. 19 H. 7. C. Harry Wells. (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address and allstones, Md Date signed D/17/4



NECH UNFADING INK. Supply every item of information carefully. The comportant. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

120	1	8930
Reg.	Dist.	No. 74

		CLICITIC	Reg. Dist. No	
A. PLACE OF DEA	STi		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Henr	vton. Mar	yland	State Maryland County	
City or town(If or	utside city or town limit of death?sireet address where dea	yland , write RURAL and give nearest town) 26 days	City or town Baltimore (If outside city or town limits, write RURAL and give ne	
Hospital, institution, or	street address where dea	h occurred:	Street No. 216 Aisquith St.	
Maryland	1 Tubercul	osis Sanatorium	(If rural, give LOCATION)	
How long in hospital or	Institution? Colo	red Branch , Henr	yton 2.(a) If veteran, name war.	
3. (a) FULL NAME			3. (b) Social Security	Number
	Jeremi	ah Heath Jr.		
4. Sex		6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	A
male	col	single	20. DATE DF DEATH October 11 19 47	at 6:45
			21. I CERTIFY that death occurred on the date above stated: that I attended dece September 15 19. 47 to October and that I last saw 1m alive on October 11	r 11,47
7. Birth date of deceased (mo., day, ye	July J	19, 1946	Immediate cause of death	DURATION
8. AGE: Years		Days It less than one day	Tuberculous Meningitis	9-22-47
1	2	22hrs.		
1000				7-14-47
9. Birthplace Warren , Georgia (Town. sounty, and state)		318	Due to Primary tuberculosis	(-14-41
	(10411, 600	neg, and homes,		**
1D. Usual occupation	MOHA	•••••	Due to	**
11. Industry or business				
≝ 12 Name Je	remiah He	ath Sr.	Dither conditions	
E 12. Name	Warren, G	eorgia		
			(Include pregnancy within 3 months of death)	
置 14. Malden name	Rosa Pea: Warren, G	LT Tee	Major findings of operations	
15. Birtholace	Warren, G	eorgia	Bate ot op	
Mo	ther- Ros	a Pearl Heath	Autopsy results	
16. Informant	***************************************		manyones at the last of the state of the death should be shound	statistically.
Address 216	Alsquith	St. Baltimore, Mo	22. VIOLENCE: If death was due to external causes, fill in the following:	
" Ras	seal.	Date thereot 10/13/4		
(Burial, cremation,	or removal, Which?)	(month) (day) (year)		
Cemetery or cremato	y Det. C	alsery lein	Whera did injury occur?	(State)
			Injured at home, farm, Industry, public place (where?)	
Location			Maana of Injury injurad at work?	
18. Funeral director	sular	Wilson	maste of injets	
Addrass / 801	o Bran	they are,	23. SIGNATURE / Culian Stoff near	or other
19. Oct.1	L 19 47 (al Deputy Regis	strar Address Henryton, Md. Date signed	4 4

OCT 16 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 74

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Carroll	State Maryland County		
City or town Henryton (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 24 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)	*****	
Maryland Tuber culosis Sanatorium	Street No. 1402 Argyle Avenue		
Coloned Branch Henryton Md	(If rural, give LOCATION)		
Colored Branch, Henryton, Md.	2.(a) if veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
NATHANIEL CHARLES JOYNER	219-22-9537		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Single	20. DATE DF DEATH October 30; 19 47 , at 1.55	54.	
Male Colored Single		A.25.16	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	47	
	October 6, 19 47, to Oct., 30, 19 4	47	
7. Birth data of deceased (mo., day, yr.) December 15, 1927			
8. AGE: Years Months Daya If less than one day	Pulmonary Tuberculosis Apri		
19 10 15min.			
		1946	
9. Birthplace Baltimore, Md. (Town, county, and atate)	Due to	********	
Tot lon			
	Due to		
11. Industry or businesa			
Charles Joyner 12. Name Baltimore, Md.	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Frances Barnett 15. Birthplace Baltimore, Md.	Major findings of aperations		
15. Birthplace Baltimore, Md.	Major findings of aperations. Date of op.		
16. Informant Mrs. Frances Joyner	Antopsy results		
Address 1402 Argyle Ave. Balto., Md.	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Barrial, eremation, or removal. Which?) (Burial, eremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Acharten Men Cash	Whara did injury occur?		
Location	Injured at home, farm, industry, public place (where?)		
	Maens of injury Injured at work?		
18. Funeral director. Mus. Com. Th. The Clan	7 . (100		
Address /631 Arms They Cir	23. SIGNATURE OUR GROVE OF MORES ON . D.		
19. 10/30 19 47 albert R. Swanks	M. D. or other	LAT	
(Date ree'd by registrar) DAN11T. V LOCAL Registrar	Henryton, Md Date signed 10/30	141	



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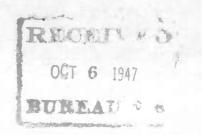
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State A County County County County Of town (If outside city or town limits, write RURAL and give nearest town) Street No. E. (If rural, give LOCATION) 2.(a) If veteran, name war. A county of the county of t
3.(a) FULL NAME Charles / Yoons	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE DE DEATH. October 3 1947 21 8:004
6.(b) Name of huaband or wife Ellan Q. Formers 6.(c) If alive, give age Z. yeara 7. Birth date of deceased (mo., day, yr.) March 20 - 1868	21. I CENTIFY that death occurred on the date above stated: that I attended dependent of the state of the sta
8. AGE: Yeara Months Days If less than one day 78 76 56 13	Immediaire couse al death College Sept 16/4/
9. Birthplace (Town, county, and state) 1D. Usual occupation.	Due to argentisian a proportion Due la degendra from
11. industry or businesa 12. Name Edward & Roose 13. Birthplace Carroll Co. Nrd.	Bther conditions Thoules the Hypeathophy 2 followed pregnancy within 3 months of death)
14. Malden name Elizabeth Nibeall 15. Birthplace Casroll Co. M.d.	Major findiags of operations. Date of op.
Address Balto M. 17 Bestial (Burial, cremation, or removal, Which?) Date thereof Oct 1947 (Burial, cremation, or removal, Which?)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, aulcide, or homicide
Cometery or crematory Westmanster Germitery Location Westmanster Md:	Where did injury occur?
18. Funeral director	23. SIGNATURE Stewar Speecher M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County City or town City or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	2 /h C : 1 C ' N 1
Mrs. annie Ernestine Kraft	3. (b) Social Security Number
4. Sex 5. Color or rece 6.(a) Single, married, widowed, or divorced with the wild week or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH October 12 1947 at 7:30 Q N
8.(6) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.140
8. AGE: Yeare Months Days If less than one day 83 1 20	Immediate cause of death Chronic Myrcanditis and 5 years Myrcandial Degeneration
10. Usual occupation	Due to Sycars Due to Sycars
12. Name	Dther conditions
14. Maiden name Ornice Ornestine Strumon	(Include pregnancy within 8 months of death) Major findings of operations
16. Interment M. Tis Joseph Tomlinson Address Sykewile, Md -	Antopsy results
(Burial, cremation, or removal, Which?) Date thereof 44 (month) (day) (year) Cemetery or crematory 54 (month) (day) (year)	Z2. VIOLENCE: If death was due to external causes, fill in the following: Accident, eulcide, or homicide
Location College Tuly	Where did injury occur?
Addrese Augustule, Man.	Means of Injury Injured at work? 23. SIGNATURE M. D. C. other M. D. or other
19. Later rec'd by registrar) 19. H. C. Harry User Registrar	Address Sukerille M. Date eigned Oct 12-47

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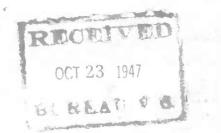
2411 N. Charles St., Baltimore

08934

CERTIFICATE OF DEATH

Reg. Diat. No. 74

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
County		State Maryland Cou	State Maryland County Frederick			
How long in above place	of death?	yrs.	14 days	City or town		
Hospital, institution, or Maryland	Tubercu	losis	Sanatorium	Streel No	LOCATION)	
3. (a) FULL NAM					3. (b) Social Security	
		Rober	t Lee		217-01	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	Α.
male	col	me	arried	20. DATE OF DEATH October 2	22 19 4.7	
6,(b) Name of husband				21. I CERTIFY that death occurred on the date about the country of	47 octob	er22 ₁₉ 47
7. Birth date of			c) If alive, give ageyears	and that I last saw h. 1m alive on Oct	ober 22	19. 47
deceased (mo., day,)		er 15	1893	Immediate cause of death	***************************************	
8. AGE: Years 54.	MONTAS	7	hrs min.	Pulmonary Tubercu	losis	Sept. 1943
9. BirthplaceAd	amstown,	Md.	state)	Due to		
10. Usual occupation		r		Oue to		
		<u>}</u>		Other conditions		***************************************
	larksbur	g, Md	•	(Include pregnancy within 3		.,
E				Major fiediogs of operations		
∑ 15. Birthplace A	damstown	i, Md.			Date of op	
	deased	,		Actopsy resolts		
Address 17 Burus (Burial, cremation	, or removal. Which	Date ther	eof. 10/25/47 (month) (day) (year)	22. VIOLENCE: If death was due to external car Accident, suicide, or homicide		••••••
Cemetery or cremate	Hope	heft	11.01.11.0	Where did injury occur?		(State)
Location V. C.	w-	Ligrar	Y OUY	injured at home, farm, industry, public place (w	Injured at work?	
18. Funeral director	M.178	chus	on to and with	Meene of Injury	/	
Address / O 6	DO AL	1111	Al Theaven III		Huan, M. D.	or other
Date rec'd by re	22 19 4.1 gistrar)	Local	Douty Registrar	Address Henryton, Md.	Oate signed.	10/22/6



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A15 SA 1. PLACE OF DEATH: Carroll

County

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

CERTIFICATE OF DEATH

() 8935 Reg. Diat. No. 14 OF)

How long In above place Hospital, Institution, or	of death?	rs. death occurred	URAL and give nearest town)	Street No. 3820 Milford Ave. (If routs) or town (If routs) or town limits, write RURAL and give no street No. 3820 Milford Ave.	earest town)
				2.(a) It yeteran, name war.	1
3. (a) FULL NAME			Litchfield	3. (b) Social Securit	y Number
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
female	white	ma	rried	20. DATE DF DEATH October 12 19.47	at12:30A
7. Birlh date ot deceased (mo., day, yr	.) 0	ctober	teld	21. I CERTIFY that death occurred on the date above stated; that I altended de March 16, 1841, to Oct. 12 and that I last saw h er alive on October 12 Immediais cause of death	2 19.47 19.47 DURATION
8. AGE: Years	Months	Days 22	hrs. min.	Coronary Thrombosis	2 hrs.
11. tndustry or business H 12. Name	none James E, Maryland Anna Low Marylan	Logan man d	itate)	Due to	0e 28 yrs.
Address 17	or rentoval which	Date Wer	eol. Ock 15-47 (month) (day) (sear)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charge 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide	d statistically.
18. Funeral director	Delle	ane	Good me	Meens of Injury Injured at work? 23. SIGNATURE Address. S. S. H. Sykesville, Md. Date signed	M.D.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08936

CERTIFICATE OF DEATH

		OZIKI II ION	Reg. Diat. N	o
1. PLACE OF DEA	ATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	ryton Nutside city or fown I of death? 1 m street address where Tubercy Institution?Colo	laryland imits, write RURAL and give nearest town) lonth death occurred: llosis Sanatorium ored Branch, Henryto	State. Maryland County City or town. Baltimore (If outside city or town limits, write RURAL and gits street No. 306 Pearl Street (If rural, give LOCATION) 2.(a) It veteran, name war.	ve nearest town)
3. (a) FULL NAME		in Mack	3. (b) Social Sec 251-18-	
4. Sex male	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH OCTOBER 15	V
	or wife Mami	e Mack 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the dale above stated; that I attended September 15 19. 47 to Oct	d deceased from
deceased (mo., day, y		3, 1915 Days It less than one day 12 hrsmin.	Immediate cross of death. Pulmonary Tuber culosis	OURATION Aug.ls: 1947
10. Usual occupation 11. Industry or business 12. Name	Laborer	county, and state) ack G. Carolina	Due to	
14. Maiden name	Rosa	S. Carolina	(Include pregnancy within 3 months of death) Major findings of operations	
Address 17	or removal, Which	Date thereo (month) (day) (year) Sies Cam, S, Carolinia	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)
18. Funeral director Address / Octobe (Date rec'd by res	er 15, 47	O. Wilson otto ave alkath Som H. Local Deputy Registrat	23. SIGNATURE ROADOLS HOffman	m. D. or other

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OCT 18 1947

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CEPTIFICATE OF DEATH

			CERTIFICAT	E OF DEATH	Reg. Dist. No	
1. PLACE OF DEAT	TH:	Start 1		2. USUAL RESIDENCE (HOME) OF D	ECEASED:	
County Carro)		•	State Maryland County		febr
Cily or town Henr	yton. M	arylan	d RAL and give nearest town)			
How land in chose place of	I death?		7 days	City or town Severn (If outside city or town limits, wr	ite RURAL and give ne	arest town)
Magniful Institution or of	reat address where	death accurred:		Street No.		
"arvland	Tubercu	losis	Sanatorium	(If rural give LOC	CATION)	. /
How long in hospital or it	estitution? Col	ored B	ranch, Henryto	112.(a) It veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	
D. (0) 1 0 11 111111	Towns to the	M	2.2		(0) 200	
4.000	James 5. Color or race	Marsha	married, widowed, or divorced	ACDICAL CER	TIFICATION	^
4. Sex	S. Color of race			MEDICAL CER		A.
male	col.	S	ingle	20. DATE OF DEATH October 16	19. 4.7	3:30 m
				21. I CERTIFY that death occurred on the date above s	lated; that I atlended dece	eased from
			***************************************	October 9 19.47	octobe	r 16,,47
		6.(c)	If alive, give ageyears	and that I last saw im alive on Octol	per 16	19. 47
7. Birth date of deceased (mo., day, yr.)	Augi	1st 28.	1897	Immediate cause of death.		
8. AGE: Years	Months	Days	It less than one day	Tuberculous Meningi	tis	10/8/47
50	2	18	hrsmin.			***************************************
				Due to Pulmonary Tubero	ulosi s	Unknown
9. BirthplaceSe.V.	ern, wa	county, and st	ate)	Due to		
			***************************************	***************************************		**
ID. Usual occupation		*********************	Joon	Due to		***************************************
11. Industry or business	3.5	-1 2 2				
H 12. Name Ja	mes Mar	suall		Other conditions		
13. Birthplace U	nknown			(Include pregnancy within 3 months	the of death)	
Maides some	Margare	t Queen	1			
				Major findings of operations.		
	Unknown					
16. IntermantSi	ster: M	iss Lo	uise Marshall	Autopsy results		
Address Seve				PHYSICIAN: Please underline the cause to which		statistically.
-	,	-	max 201	VIOLENCE: If death was due to external causes,		
17. Bus (Burlal, cremation,	or removal. Which	Date thereo	(month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory	81	ma	alox C-	Where did Injury occur?(City or town)		454-4-)
Cemetery or crematory						
Location	ana	ر د د	ma	Injured of home, form, Industry, public place (where		
18. Funeral director	bann	es a	Haves	Means of Injury	Injured at work?	
			1 0 80 3	5. md 1/2. 2. 765.	20 0	3
Address	145	4	iel St. Ball	23. SIGNATURE (Ceclegy OD)	Rway, m	7- D.
19. Octobe	r16, 47	alle	All. Swankly			or other
(Date rec'd by regi	strar) T	ocel De	aniit.v Registrar	Address Henryton, Md.	Date signed	TO/ TO/ I.

Local Deputy

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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WITH UNFADING INC. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

8300

08938

	Reg. Dist. No.
1. PLACE OF DEATH County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants favor resistince of mother) State
How long in hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME Nettie G. W. 4. Sep 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
Lemale colonel single	20. DATE DE DEATH. October 3/ 19.47 214:40 F
7. Birth dale of deceased (mo., dey, yr.) 2005. 5 - 1885	and that I last saw h a alive on
8. AGE: Years Months Days If less than one day 1	Immediate crose of Cath Clere al leurografia 24 lux
9. Birthplace (Town, county, and state) 10. Usual occupation	Due 10. Due 10
12. Name Survey of June State of State	Dther conditions. Clare to the conditions of death) (Include pregnancy within 8 months of death)
14. Maiden name cellia Chambers 15. Birthpiace Many Carry 16. Informant Detail 19. blossen	Major fiedings of operations. Date of op.
Address //	PHYSICIAN: Please onderline the caose to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide
Cemetery or cremator Stanveur Cemetery Location year Jaylorswill Fred	Where did Injury occur?
18. Fungral director of bl. Hartzler + Sous	Means of Injury Injury Injury at work? CRese Villens MA
19. Part (Date rec's by registrar) 1947 Ensus & Brue Registrar	M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

/	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Carrolla	(For newborn infants give residence of mother)
2 6 11 1 1 1	State County County
(If outside city or town limits, write RURAL and give nearest town)	41. 12 11 11
How long in above place of death? 17 The area	City or town. (If outside city of town limits, write RURAL and give nearest town)
Hospital, institution, or street address whore death occurred:	01 40 110 111
	Streel No
How long in hospital or institution?	2.(a) If voteran, namo war
3. (a) FULL NAME	3. (b) Social Security Number
Margaret & Man March	
4. Sox 5. Color or raco 6.(a) Single, married, wildowed, or diverged	MEDICAL CERTIFICATION
4. SOR	
off. Willeries	20. DATE DE DEATH OFFILES 30 1947 110:30Pm
(men A Mixel 2)	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from
6.(b) Name of husband or wife	
6.(c) If alive, give ageyears	19
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) Late 10, 10,	Immediate cause of death
8. AGE: Years Months Days If less than one day	Covery artery desence
54 9 0hrsmin.	
ma	
9. Birthplace(Town, county, and state)	Due to
(Town, county, and state)	***************************************
10. Usual occupation	Due 10
11. Industry or business A Home	
E / A /L a Gard	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Milling a let Control of the Contro	n.
60 Wilder D. V. Land	Major findings of operations.
\$ 15. Birthplace Affiliated Co Mills	Date of op.
16. Informant Islam Shittigh Light Motified	Autopsy results.
Address Starkesex Re. Mes.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Propression of 10 19 117	22. VIOLENCE: If death was due to external caoses, fill in the following;
(Burini, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicido, or homicide
(Burini, cremation, or removal, which!)	
Comotory or crematory of the forest the forest the company of the	Where did injury occur?
Location And Land March Land Land Land Land Land Land Land Land	Injured at home, farm, industry, politic place (where?)
1 p. 4/2 (2017)	Moans of Injury Injured of work?
18. Funeral director	
Address displeserable, Med.	1 Thank of Med at. Redical Commie
n. + n.d. n n ul ul 1	23. SIGNATURE M. D. or other
19. Julia 3/ 18 H Con Helley Well	Address / Disturester The Date signed Que 31-1947
(Date rec'd by registrar) Registrar	Address.// Bale signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

	CERTIFICATE	OI DERIII	Reg. Diat. No	*************
1. PLACE OF DEATH: /	2	. USUAL RESIDENCE (HOME) OF I	DECEASED:	
county parroll-		(For newborn infants rive residence of mo		
City or town(If onlying Aty or town limits, write RURAL as	rive nearest town	tate		7
How long in above place of seath?	Jur 200	(If outside city or town limits, v	write RURAL and give near	est town)
Hospital Institution, or street address where reals occurred.	Host 13	Weet No.		
Jang Jula Sam		(If rural, give LC	CATION)	V
How long in hospital or institution? 3	miller	7	3. (b) Social Security N	/
S.(a) FOLL NAME	hall &	unt Buinn	/	dences
4. Sex 5. Color or race 6.(d) Sincle, married	widowed, or divorced	MEDICAL CER	RTIFICATION	
MW	ingle ?	D. DATE OF DEATH	Z- 194/	11/-30 M
6.(b) Name of husband or wite	1/- 12	1. I CENTHY that death occurred on the date above	stated: that I all fided déceas	red from
b, (c) Name of nusoand of wife	eive age vears	Mar 1 de 18.0	10 10 M	1219.47
7. Birth date of	92	ing that I last saw h	4	19 44
deceased (mo., day, yr.) 8. AGE: Years Months Days It les	s than one day	mmediate cause of Ceath		DURATION
- //	hrs min.	(nomana)	outres.	1411
Sud.		ue to A A	,	
9. Birthplace	1. 7	Lolar Pulu	mom	3da
1D. Usual occupation	saun 1	lue to		***************************************
1t. Industry or basiness	7	P		118
12. Name 112. Name 113. Birthplace 13. Birthplace	me o	ther conditions		7/yr
	V	(Include pregnancy within 3 mor	nths of death)	
14. Malden name Collin Control of the Collins of th	ount	Najur findings of uperations		
\$ 15. Complage			Date of op	
16. Intofass Falil aber	- 1	Autupsy results		a at at M
1888 O Rigas are	1. alux	PHYSICIAN: Please underline the cause to which		tatisticany.
17 Buridly Date thereof	0-10-41	22. VIOLENCE: If death was due to external cause		
(Burial, cremation, of reproval, Which?)	(monen) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory		Where did injury occur?(City or town)		
Location Add Add Add Add Add Add Add Add Add Ad	0 0	njured at home, farm, Industry, public place (when		*****************************
18. Funeral director	TOK, FRA.	Means of Injury	Injured at work?	1
Address 1217 At Paul At.		XXX Mari	Two Mills	/.
DAR 47 DIA	622 4 7 Leo 21	23. SIGNATURE COMMENTAL STATE OF THE STATE O	M. D/8	gother /
(Date rec'd by registrar)	Registrar	Address of plent	Date signed	1/4/

ADING INK. Supply every item of information care. Physicians: please write the causes of death clearly

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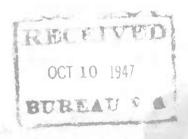
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08941

CERTIFICATI	Keg. Dist. No.
County City or town (1f outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or Institution?	2.(u) It vetetan, hame war
3. (a) FULL NAME Seature Seduror 4. Sex 5. Color or race S. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH OCTOBER 9 19 47, 21 6 30
T. Birth date of deceased (mo., day, yr.) 8. AGE: Years Month Days It less than one day hrs. min. B. Birthplace (Town, county, and style) 10. Usual occupation.	21. I PERFIFY that death occurred on the date above stated; that I attended deceased from
12. Name Sceller Streets 13. Birthplace Hary Law 14. Maiden name Gebeura Mundoch 15. Birthplace Many Law 15. Birthplace	Other conditions
16. Intermant	Autopay results. PHYSICIAN: Please moderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Eune II director. Le le le grant le Constitution IIII 19. Get /1 - 144) & Escuelle Le le Constitution IIII 19. (Date rec'd by registrar) Registrar	Meens of Injury Injured at work? 23. SIGNATURE M. D. or other



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

ns/	()	8942
Reg.	Dist.	No. 74

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County State Knowled	State 2nd : County Baltimore Cu	· Cu
City or town	B. Otiones	1
How long in above place of death? 5 - 44 - 3 - 44 - 3 - 5 - 5 - 44 - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	(If outside city or town limits, write RURAL and give neareat	town)
Skingheld State Hospital	Street No. 14.5 13 elt ST. (If rural, give LOCATION)	
How long of hospital or Institution? 35 year, 3 mas , 5 days	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Num	ber
William E. Rehling		
4. Sex 5. Color or race 8.(a)Single, marfed, widowed, or divorced	MEDICAL CERTIFICATION	
male White Single	20, DATE OF DEATH Ot. 28, 1947 at.	9:30 P. m
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	rom
	0 t.1, 10 47 10 6 t.28	19.4.7
7. Birth date of deceased (mo., day, yr.) 1889	and that I last saw h. Chanalive on	187
8. AGE: Years Months Days It less than one day	Immediair cause of depth Anglastic Carringna of	OURATION
58hrsmin.	Anaflastic Carringna of sight bronchus ?	2 1146
Bottome Cit 2nd:	Oue to.	
9. Birthplace(Town, county, and state)	V	
1D. Usual occupation fluvelles	Oue to	*************************
11. Industry or business		
12. Name Mensy E. Relating 13. Birthplace Ind.	Other conditions. S. Chrisphilma.	5 yes:
	(Include pregnancy within 8 months of death)	
14. Malden name A wise 2 Temple	Major findings of operations Bronchoses by : Cauliflower 9	with right
	browning close to bifurcation of trackers of on 10/ 12	1770
16. Informant Hospital Meards	Antopsy results.	
Address	PHYSICIAN: Please underline the cause to which death should be charged statis	tically.
17. Bural Date thereot 10. 31-47 (Burial, cremation, or ramoval, Which?)	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide	
(Burial, cremation, or ramoval. Which?)	110010011111111111111111111111111111111	
Cemetery or crematory	Where did injury occur?	ate)
Location Saltimore My	Injured at home, tarm, Industry, public place (where?)	.,
18. Funeral director & Noward Strong	Means of Injury Injured at work?	
Address 3207 W. north Pace.	hoopf & marshall M.	8.
Det 29 47 P. Horry Televal	23. SIGNATURE. M. D. or ot	ner /
(Date rec'd by registrar) Registrar	Address Skringfield State Hospital Date signed 101	28/47

OCT 30 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfea St., Baltimore

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BU Reg.	Dist.	No.	. /	//	

	CERTIFICA	Reg. Diat. No		
1. PLACE OF DEATH: County	months, 30 days red:	Street No. 2703 Ulman Avenue (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME Regin	na Kors Rosenthal	3. (b) Social Security	Number	
	ingle, married, widowed, or divorceddowed	MEDICAL CERTIFICATION 20. DATE OF DEATH October 31, 1947	at 8.30 p	
6.(b) Name of husband or wife	6.(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended dace: July 28, 19.44 10 October and that I last saw her alive on October 31, Immediate cause of death	31 19 47	
8. AGE: Years Months Days 70 6 21	tf less than one day	Cerebral hemorrhage	4 hours	
9. Birthplace Austria 10. Usual occupation housewife 11. Industry or business 12. Name Moses Kors 13. Birthplace Austria		Due to	\$ years 7 years	
14. Maiden nameMollieunknow		(Include pregnancy within 8 months of death) Major findings of operations		
16. Informant Hospital records Address Springfield State 17. Date (Burhal, cremation, or removal, Which?) Cemetery or crematory Communication of the Comm		Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged 22. Violence: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Carroll				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)		
County	Sykesv	ille	••••••	state Maryland county Baltimore Co		
(If outside city or town limits, write RURAL and give nearest town)			RURAL and give nearest town)	What + - H-11		
How long in above place of death? 11 years, 4 months, 6 days			months. 6 days	City or town	URAL and give ne	rest town)
Hospital Institution of	r street address where	death occurre	d:			
Springfie	ld State H	osnite	1	Street No. unknown (If rural, give LOCATIO		
	II	vears.	4 months, 6 days		/N)	1/
How long in hospital o	or institution?			2.(a) if veteran, name war	***************************************	
3. (a) FULL NAM	Anna A	Sadle	r	3. (b)	Social Security	Number
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIF	ICATION	
female	white	mar	ried	October 10	157	2 20-
		111042	2 2 0 4	2D. DATE OF DEATH October 10,	19.4./	21 C . 3UP M
6.(b) Name of husband	or witeJohn	W. Sa	dler	21 J CERTIFY that death occurred on the date above stated: January 1, 1842, to	that I affended dece	10. 10 47
	•••••	6.(c) If alive, give ageyears	and that last saw her alive on October 1	0.	17
7. Birth date of deceased (mo., day,	vi) 1906 i	month	and day unknown			
8. AGE: Year		Days	I It less than one day	Immediate cause of death		DURATION
41	unkn				30	10 month
41	unkn	DWII	hrsmin.	with		* *************************************
9. BirthplaceM.	aryland	aounty and	state)	xxx Abdominal metastases		***************************************
1D. Usual occupation.	unknown	***************************************		Due to		* *
1f. Industry or busines	ss					
E	Hartman			Diher conditions Schizophrenia, pa	ranoid	
II E	M			t.vne	about	11 years
				type (Include pregnancy within 3 months of	death)	II years
14. Maiden name 15. Birthplace	Mary We	ertz				-0.41
TO TO	Pennsy:	Lvania		Major findings of operations Scirrhous		
				left breast	Date of op 2-	6-1947
16. Informant Ho	spital reco	ord		Antopsy results		
Spr.	ingfield St	toto H	osnital	PHYSICIAN: Please underline the cause to which death	should be charged	statistically.
Address DDZ	Inglieta Di		0 2 10110	22. VIOLENCE: If death was due to external causes, fill in	the following;	
17 Dun	n, or removal Which?)	Date the	reot (month) (day) (year)	Accident, suicide, or homicide	Date ot	
Cemetery or cremate	Ory Soffaction Hayber	134 House	Str. 2. J. Childhelm	Where did injury occur?(City or town)		
Incation of	John State To	Bens	Md.	Injured at home, farm, industry, public place (where?)		
II constitution and property	1 10 9	/	4/2221		tnjured af work?	
f8. Funeral director.	Can to	alitetelf.				
Address	Orten	Pearal	le. Med.	23. SIGNATURE Leve Holen	M.	0
-0 1		- 2	41 41-1	23. SIGNATURE	M. D.	or other
19. (Date rec'd by registrar) 19. (Date rec'd by registrar)			Harry Well	Address Springfield State Hosp	italie signed.	10-10-47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

486

(894 81 Reg. Dist. No.

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Carroll Maryland (If outside city or town limits, write Union Bridge (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death?..... South Main Street Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number married, widowed, or divorce 4. Sex MEDICAL CERTIFICATION 20. DATE OF DEATH ... 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6,(b) Name of husband or wife..... 7. 6irth date of and that I last saw h ... Q Af .. alive on deceased (mo., day, yr.) DURATION If less than one day 8. AGE: 10. Usual occupation. 11. Industry or business 12. Name ... 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden oame. Major findings of operations..... 15. Birtholace 18. Informant PHYSfCIAN: Please underline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide,..... (Borial, cremation, or remo Where did injury occur? (City or town) (County) (State) injured at home, farm, industry, public place (where?) Injured at work? Means of Injury 18. Funeral director. Address 23. SIGNATURE. M. D. or other (Date rec'd by registraf) Registrar

OCT 30 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

A PLACE OF DEATH: Carroll	unknown		
City or town Sykesville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 16 years, 3 months, 1 day. Hospital, insiliution, or street address where death occurred: Springfield State Hospital How long in hospital or insiliution? 16 years, 3 months, 1 day			
3.(a) FULL NAME Roxie Catherine Shrader	3. (b) Social Security Number		
4. Sex female 5. Color or race 5. (a) Single, married, widowed, or divorced divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH. October 1, 19 47 21 5.058 N		
6.(b) Name of husband or wife unknown 7. Sirih date of deceased (mo., day, yr.) 1870, date unknown	and that f last saw h		
8. AGE: Years Months Days It less than one day unknown	Chronic myocarditis and myo- cardial degeneration about 8 years		
9. Birthplace Greencastle, Pennsylvania (Town, county, and state) 1D. Usual occupation Seamstress	Due to		
11. Industry or business 12. Name William Shrader 13. Birthplace Greencastle, Pennsylvania 14. Maiden name Greencastle, Pennsylvania 15. Birthplace Greencastle, Pennsylvania 15. Birthplace Greencastle, Pennsylvania 16. Birthplace Greencastle, Pennsylvania 17. Birthplace 17. Birthplace Greencastle, Pennsylvania 17. Birthplace 17. Birthplac	Other conditions		
16. Informant Hospital records	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: ff death was due to external causes, fill in the following: Accident, suicide, or homicide		
Address Springfield State Hospital 17. (Burial, cremation, or removal, Which?) Cemetery or crematory			
18. Funeral director Season 7 Marinick Some	Injured at home, farm, industry, public place (where?) Means of Injury injured at work?		
19. Part 19. 19. 4. G. Gazey Zuleed (Date ree'd by registrar) Registrar	23. SIGNATURE June 1/3 Telimen M. D. or 100-1-47 Springfield State Hospital Date signed.		



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2411 N. Charles St., Baltimore

1860

CERTIFICATE OF DEATH

	Neg. Diet. No		
1 PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
(If outside city or town limits, write RURAL and give nearest town) How long is above place of death? 9 months, 13 days	City or town. (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: Springfield State Hospital	Street No		
How long in hospital or institution?9months, 13days	2.(a) If veteran, name war.		
3.(a) FULL NAME Clara Spates	3. (b) Social Security Number		
female 5. Color or race female 5. Color or race married, widowed, or divorced married	MEDICAL CERTIFICATION 2D. DATE DF DEATH October 9, 19 47 at 10.45p		
6.(b) Name of husband or wifeunknown	21. LCERTIFY that death occurred on the date above stated; that I attended deceased from June 2, 19.47		
7. Birth date ot deceased (mo., day, yr.) July 2, 1864	and that I last saw h. er alive on October 9. 19. 47		
8. AGE: Years Months Days If less than one day	Chronic myocarditis and myocardial degeneration about 1 year		
9. Birthplace	arteriosclerosis several years or fracture of left femur 1 month		
11. Industry or business Franklyn Bready 12. Name unknown 13. Birthplace unknown	Other conditions Senile psychosis, simple deterioration about 2 years (Include pregnancy within 5 months of death)		
t4. Malden name Octavia Henrietta Cushell t5. Birthplace unknown	(Include pregnancy within 3 months of death) Major findings of operations		
Address Springfield State Hospital 17. (Burial, cremation, or removal, Which?) Cemetery or crematory. Location 18. Funeral director. Address	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide		
19. Oct. 10. 19H? C. Herry Eller Registrar	23. SIGNATURE M. D. or other Address Springfield State Hospitale signed 10-9-47		





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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

08947 (eg. Dist. No. 76

		CERTIFICA	LE OF DEA	.117	Reg. Dist. No	<u></u>
1. PLACE OF DE		roll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Carroll Westminster (If outside city or town limits, write RURAL and give nearest town)			state Maryland county Carroll			L
(If o	outside eity or town li	nits, write RURAL and give nearest town)			nster , write RURAL and give ne	
How long in above place	of death?	Tile				
Hospital, Institution, or	street address where t	Jeath occurred:	Street No		ylvania Ave	9
		***************************************		(if rural, give		
	r Institution?	***************************************	2.(a) it veteran, name	W2r		
3. (a) FULL NAM	L	Lizzie I. Stone			3. (b) Social Security none	Number
4. Sex	5. Color or race	6.(a)Singis, married, widowed, or divorced		MEDICAL CE	ERTIFICATION	
female	white	widow	20. DATE OF DEATH	October	3 1947	
8.(b) Name of husband	or wifs Hai	cvey A. Stone 6.(c) It alive, give age years	aug	, 215 195	vs stated; that I attended dec	1947
7. Birth date of deceased (mo., day, y	Nove	ember 19, 1863	and that I last new h	A alive on a	94,-	18.4.7.
8. AGE: Years		Days If less than one day			ardiae	
83	10	14min.	Drial	alion-		- 15 72
9. Birthpiace	none	nster, Md.		ditis -		2,441
11. Industry or busines:		N			•••••••	
12. Name	Maryla Maryla	Wagoner and	Other conditions			
		a Werble	(Inela	nde pregnancy within 3 m	nonths of death)	
TO			Major findings of open	rations		
	Mary				Date of op	
16. informant	rs. Will:	iam Helm				
Address	Westmin	nster, Md.	PHYSICIAN: Please t	inderline the cause to wh	ich death should be charged	statistically.
17 buria		Date thereof 10/6/47 (month) (day) (year)		oth was due to external cause	ses, fill in The following: Date of	
Cemetery or crematory Krider's Cemetery			Where did injury occur	?(City or town)	(County)	(State)
Location	near Wes	stminster, Md.	Injured at home, farm,	industry, public place (wh	nere?)	
		ancis Reese	Masns of Injury		Injured at work?	
Address	Westr	ninster, Md.	7 4	of an o	DIT	- Min
101			23. SIGNATURE		10 17.0.	or other
19. (Date rec'd by re	gistrar)	Registrar	Address WEO	Smooth	2 MM Date signed	103.317

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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

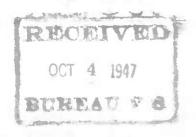
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

08949 Reg. Dist. No. 79

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County Carroll
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 17 years	(if outside city or town limits, write RURAL and givn nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Mary Grim Sto	nesifer 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Widow	2D. DATE DF DEATH. 0.7. 1 1547 at 79. M
C Gos day Stonesiles	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	OG. 14 1845 10 Ge7. 1 1847
7. Birth date of	and that t tast saw h alive on 9/26 18.47
deceased (mo., day, yr.) august 21, 1881	Immediate cause of death
8. AGE: Years Months Days II less than one day	
66 / / /hrsmin.	Coronary arby Occlusion few hunt
9. Birthplace new midway Frederick Co. Ind	Due to
(lown, county, and meate)	Coronery (delivous 2 years
10. Usual occupation housework	Due to.
11. Industry or business swal home	30/10/
= 12. Name Faseph Grim	Diher conditions
	(Include pregnancy within 3 months of death)
H 14. Maiden name Mary Eyler Maryland,	Major findings of operations.
\$ 15. Birthplace maryland,	Date of op.
In 1 Place and Stone itall	Autopsy results.
L 1 02-1	PHYSICIAN: Please nuderline the cause to which death should be charged atatistically.
Address Deyman, Mr.	22. VIOLENCE: II dealh was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) Date thereol Clother) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory A eysville Cametery	Where did injury occur? (City or town) (County) (State)
Newsillel and	Injured at home, tarm, industry, public place (where?)
Localion Description of the Annal	Meens of Injury tojured at work?
18. Funeral director	2 / \
Address Janeylown, Md.	23. SIGNATURE R. S. McVaugh U.D.
Oct. 2 1947 Jany m Nim Powell	M. D. or other
(Date rec'd by registrar) Registrar	Address Tangtown, hed. Date signed 10/2/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	CERTIFICATE OF DEATH Rog. Diat. No.
Out of Louiside City or sown limits, write BURAL How long in above place of death?	(If outside city or town hmits, write RURAL and give nearest town)
Spanify Will Male wow long In hospital or institution?	Street No
3. (a) FULL NAME	3. (b) Social Security Number
Of wo	MEDICAL CERTIFICATION 2D. DATE DF DEATH 2D. DATE DF DEATH 21. I CERTIFY that death occurred on the stated: that I streptied peccased from
o. AUL.	and that I last saw h
9. Birthplace	brs. min. Certail Temming 48. Due to Due Muning time Charles 18 mg
11. Industry or business 12. Name All All All All All All All All All Al	Dither conditions
14. Maiden name	Major findings of operations. Date of op.
Address S Bate thereof	(month) (day) (year)
Location Della Tilda	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Maans of Injury 1 Injured at work?
18. Funeral director Alland Address 2008 Orleans D. 19. Otto Telegraphy (Date rec'd by registrar)	Balb Sud 23. SIGNATURE A Master M. D. John

BINDING FOR RESERVED MARGIN

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WRITE

PLEASE



PLEASE WRITE

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No......

..... Date signed ... 10-3-47

1. PLACE OF DEATH: County Carroll			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? lyr., 6mons., lldays			state Maryland County		
(If outside city or town limits, write RURAL and give nearest town)			B. Thisman ma		
How long in above place	of death? Ly?	r., 6mons., lldays	City or town	vrite RURAL and give near	est town)
Hospital, Institution, or	street address where	e death occurred: Llosis Sanatorium	Street No. 136 W. West Sti	reet	
Maryland	Tubercu	HOSIS SANATORIUM	(If rurai, give LC		1
How long in hospital or	institution Hen	ryton, Maryland	2.(a) It veteran, name war		V
3. (a) FULL NAME				3. (b) Social Security N	lumber
	m ¹	LORINE VANLANDINGHAM			
4. Sex	5. Color or race	B.(a)Single, married, widowed, or divorced	MEDICAL CER	RTIFICATION	
Female	Col.	Married	2D, DATE DE DEATH October 3,	19.47	4:30A.
	Wil:	liam Vanlandingham	21. I CERTIFY that death occurred on the date above	stated; that I attended deceas	
6.(b) Name of husband of			March 22 19.4	6 , Oct. 3,	19.47
7. Birth date of			and that I last saw h er alive on Octo	per 3,	19.47
deceased (mo., day, yr	o May 1.	1, 1927	Immediate cause of death	-	DURATION
8. AGE: Years	Months	Days If less than one day	Pulmonary Tuber		Jan.
20	4	22hrsmin.		A. Man. R. M.	1946
9. Birthplace Sal	Factor	Maryland n, county, and state) y Worker	Due to		***************************************
1t. Industry or business			Que 10		***************************************
	ry John	son	***************************************		
12. Name Hen	olighur	y, ^M aryland	Dther conditions	>=+++++++++++++++++++++++++++++++++++++	**********************
	allsoul	y, -ar yrana	(Include pregnancy within 3 mor	nths of death)	
# 14. Maiden name	Margare	t Smoot	Major findings of operations		
S 15. Birthotace S	alisbur	y, Maryland	major modings of operations.		
Dec	eased	t Smoot y,Maryland	Autopsy results.		
16. Informant			PHYSICIAN: Please underline the cause to which		tatisticatly.
Address	•	. 0 1 = 10	22. VIOLENCE: If death was due to external causes	till in the tollowing:	
Burn	al	Date thereof (month) (day) (year)	Accident, suicide, or homicide		
(Burial, eremation,	or removal, Which	(month) (day) (year)			
Cemetery or cremator	, NW	cally	Where did injury occur?(City or town)		(State)
Location	A.A.	Co mod son	Injured at home, tarm, industry, public place (when	8?) (98	
	Do.	al & Brown	Means of Injury	Injured at work?	
1B. Funeral director	7 (1)		7 , 7000		
Address 108	(e) on	one omery or	Mukey WOK	man, m.	0.

Registrar Address H nryton, Maryland



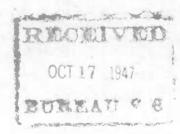
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Cha	rles St., Baltimore		
CERTIFICA	TE OF DEATH	Reg. Dist. No. 7	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. 7. Marked County Co		
3. (a) FULL NAME Lewis Daniel Gras	nt Wantz	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married.	MEDICAL 20, DATE OF DEATH, CO.	L CERTIFICATION Let 11 19 47 of 9:30F	
8. (b) Name of hysband or wife 7 any all all and any 3. Birth date of deceased (mo. day, yr.) . March 26 - 1870 8. AGE: Years Months Days If less than one day 77 6 5 hrs. min 9. Birthplace 22 and 24 from a date; 10. Usual occupation 21 and a date; 11. Industry or business 12. Name 2 and 24 from a data and a data. 13. Birthplace Carroll 60 mad.	aed that I last saw here alive on SImmediate cause al death. Control of SIMMEDIA SIMPERIA SIM	ate above stated; that I affended deceased from 19.47. 10.00 to bell 11.19.4 Terror Selevais 10 URATION Ladish de generation 29.	
13. Birthplace Carroll Co. Myd. 14. Maiden name Margaret Stature. 15. Birthplace Carroll Co. Myd. 16. Informant Wilbur Warry.	Autopsy results	Date of op	
Address (Jestimanster) 2 1. (Burial, cremation, or removal, Which?) Cemetery or crematory Jestimanster (Manual Community) Location (Manual Community)	22. VIOLENCE: If death was due to exter Accident, suicide, or homicide	rnal causes, fill in the following;	
18. Funeral director ABankard ASanc Address Westminster, md 19. Oct 5-1947 Magnet Registra (Date reed by registrar)	23. SIGNATURE SIGNATURE	Injured at work? I pecker M. D. or other Mer. Md. Date signed 1.0/1.3/4	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: ((For newborn infants gave residence of mother)
County	State Many Gard County Carroll
(if outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write work AL and gye nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	
Tusting Wayne Wei	tael 3. (b) Social Security Number Wow
4. Sex 5. Color or race S.(a) Single, marged, widowed, or divorced	MEDICAL CERTIFICATION
male While suighte	20. DATE DE DEATH Sch. 6 1947 31 5:30/41
	21 I CERTIFY that death occurred on the date above stated: That I attended deceased from
6.(b) Name of husband or wife	19 10 6 4 6 19 4 7
7. Sirth date of	and Ihal I last saw in
deceased (mo., d: Curl 30 - / 9 9	Immediate cause of death DURATION
8. AGE. //	Sufficience
	" Upper Visipolos Xofillos
9. Birthplace	Due to
1D. Usual occupation	
11. Industry or business	Due to
12 Name Juna W. Welsel	Dther conditions
13. Birthplace Tax any land	
	(Include pregnancy within 3 months of death)
14. Maiden name Walled The Cleursons 15. 8irthplace Waryland	Major findings of operations
≥ 15. 8irthplace	Date of op
16. Information 11. 11. 11. 11. 11. 11. 11. 11. 11. 11	PHYSICIAN: Please noderline the cause to which death should he charged statistically.
Address Min Budge Mil	22. VIOLENCE: If death was due to external causes, IIII in the toilowing:
17. Buriel Date thereof 95 7-194	Accident, suicide, or homicide
(Bufial, cremation, or remover. Which?)	
Cemetery or cremetory	Where did Injury occur? (City or town) (County) (State)
Location William V	Injured of home, farm, industry, public place (where?)
18. Fuperal director, N. Frankler T. Soyal	Means of Injury Injured at work?
Abbleron Burkar Thew Education Med.	The Medicales
0 1 7 47 18:01	23. SIGNADAS
19. (Date ree'd by registrar) Registrar	ar Address Westmuch Mr Dale signed 10-6-47

OCT 27 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

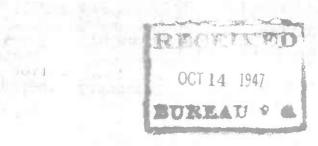
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEA'	TH:		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Henryton Menyland			State Maryland Count	State Maryland County Somerset		
City or town. Henryton, Maryland (If outside city of town limits, write RURAL and give nearest town)			Martan Mart	A 22		
How long in above place o	f death? 6 mo	s. 10days	(If outside city or town limits,	write RURAL and give nearest town)		
Hospital, institution, or s			Street No. Box 62			
marytand	Tupercu	losis Sanatorium	(If rural, give L	OCATION)		
	nstitution? COLO	red Branch Henryto	2.(a) If veteran, name war			
3. (a) FULL NAME				3. (b) Social Security Number		
	Julia	Elizabeth Whitti	Ington	213-18-5197		
4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
female	col	married (Sep)	2D. DATE DF DEATH October 11	1944211.2.30.1		
6.(b) Name of husband or	wifeR	obert Whittington	21. I CERTIFY Ihal death occurred on the date above	- ***		
			March 31	47 6 October 119 47 tober 11 19 45		
7. Birth dale of	July 2	1000	and thal I last saw h. GT alive on	tober 11 19 4.5		
deceased (mo., day, yr.	Months	pays If less than one day	Pulmonary Tuberc	ulosis NOT 15		
o. Acz.				1408 - 10		
27	3	9hrs.	min.	1946		
9. Birthplace	Venona,	Waryland	Due to			
10. Usual occupation						
1D. Usual occupation	JORGOTOT		Due to			
11. Industry or business						
当 12. Name JC	hn John	son	Diher conditions			
12. Name JO	ryland					
A	Sadia W	nite	(Include pregnancy within 3 me	onths of death)		
14. Malden name 15. Birthplace		11.05	Majer fiudiags ef eperatieus			
∑ 15. Birthplace N	aryland			Date of op.		
16. Informani Dec	eased :	9	Autepsy results			
Address_			PHYSICIAN: Please underline the cause to which	ch death should he charged atatistically.		
Reci		21/1/10	22. VIOLENCE: If death was due to external cause	es, fill in the following;		
(Burial, cremation,	or removal. Which?)	Dale thereof	Accident, suicide, or homicide	Dafe of		
	ma	cion Cem,	Where did injury occur?(City or town)	(County) (State)		
Cemelery or crematory	- 27	ing Single		(000110))		
Location			Injured at home, farm, industry, public place (whe			
18. Funeral director	trail	ie Ward	Means of Injury	Injured al work?		
Address	mars	on and	7 0 0	me m		
Audress			23. SIGNATURE CULLERS	M. D. or other		
19. Oct. 11	19 47	albert (Swan	Henryton, Md.	Dale signed 10/11/4		
(Date rec'd by regi	arter,)	Ocal Deputy Regis	Aggress	Date signed		



PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County Carroll City or town Henryton (If outside city or town limits, write RURAL and give nearest town)				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland county Charles City of town Waldorf									
								How long in above place of death? 1 month, 7 days Hospital, Institution, or street address where death occurred: Laryland Tuberculosis Sanatorium			7 days	City or town	nearest town)
la ryl an	d Tuberci	llosis	Sanatorium	Street No									
Colored	Branch,	nenry	ton, Md.	2.(a) If veteran, name war									
				3. (b) Social Securi	t. N. b.								
3. (a) FULL NAM													
	HARRY			217-14-	7570								
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION									
male	colored	ma	rried (Seperat	ed) DATE OF DEATH October 28, 19 4	7 at 5.30Am								
	A 32 d	lery V	bool	21. I CERTIFY that death occurred on the date above stated: that I attended d	eceased from								
6.(b) Name of husband	or wife Au	ior i		Cattions on 93 A7 Oct	28 . 47								
	***************************************	6.(e	If alive, give age 26 years	and that I last saw h _ 1m alive on October 28,	10 47								
7. Birth date of deceased (mo., day,	W) Nove	mber	31, 1919										
8. AGE: Year		Days	If less than one day	Immediais cause of death									
o. Adz.				Pulmonary Tuberculosis	July								
27		27	hrsmin.		1946								
9. BirthplaceV	Valdorf, 1	Ad.	tate)	Due to									
	Trus ok Dr	מים זים											
to. Usual occupation.	Truck D		***************************************	Due to									
11. Industry or busines	\$ \$												
Hame	W. werdi	ida Si	,	Dither conditions									
	Waldorf	NEA.											
and the same of th				(Include pregnancy within 3 months of death)									
¥4. Malden name 15. Birthplace	Emma Ma	kle	or	Major findings of operations									
TO SE Bishbalase	Waldorf			major nadiogs of operations									
t6. Intermant	Deceased		***************************************	Autopsy results									
Address					ce state desay.								
13	10.0		1 × /2 0 /.17	22. VIOLENCE: If death was due to external causes, fill in the following:									
17	n, or removal Which?)	Date there	of	Accident, suicide, or homicide									
	Xt.	deto		Where did Injury occur?	***************************************								
Cemetery or crematory				Whera did injury occur?									
Location	Wa	ea	on, ma	Injured at home, farm, Industry, public place (where?)									
	W.	the	XX Para	Means of Injury Injured at work?									
18. Funeral director	TUV		177	2 (
Address	W	ud	org, mid.	- (bules to Ruan;	m.D.								
20/00		11/1	4-12/		D, or other								
19 10/28	19. 4.7.	My	Registrar	Address Henryton, Md. Date sign	10/28/47								

OCT 30 1947

THE REAL PROPERTY AND THE PARTY OF THE PARTY

"BUREATING

1. PLACE OF DEATH:

3. (a) FULL NAME

B.(b) Name of husband or Wife...

deceased (mo., day, yr.)

11. industry or business

12. Name.....

4. Sex

Male

7. Birth date of

8. AGE:

White

Mr. Merle Yohn

Dennings, Carroll Co.

How long in hospital or institution?.....

deceased

Years

10. Usual occupation.....

Burial

Carroll

Wid

Anna Mary Yo

Sent.

William Yohn

Westminster,

Maryland

St. James

C. M. Walt:

Winfiel

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

CERTIFICA	IE OF DEATH	Reg. Dist. No	10
	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of Maryland State Cou	mother)	
give nearest town)	City or town		
	Street No. R.D. Westmin	nster	
D+ +0+0+0 0+0 00+0 00+0 0++0 00+0 0+0 0+	(If rural, give		
	. 2.(a) 11 veteran, name war	3. (b) Social Security	
dowed, or divorced	MEDICAL CI	ERTIFICATION	
wed	2D, DATE OF DEATH Quality		1100
n	21. I CERTIFY that death occurred on the dale abo		ased from
e ageyear 1863			
100)	Immediate cause of death		
an one day .hrs min		Vertebra.	*

	Due to		***************************************
······································			
	Due to		
***************************************			***************************************
	(Include pregnancy within 3 z		
	Antonay results		
	PHYSICIAN: Pleasn underline thu cause in wi	hich death should be charged	statistically.
27-47	22. VIOLENCE: If death was due to external cau	/// -	12011
onth) (day) (year)	Accident, suicide, or homicide. Where did injury occur?(City or town)	cute Correl	Sul
Ad.	(City or town) Injured 21 home, (arm, industry, poblic place (w	(here?)	(State) -
	Means of injustiguitles to fell	injured at work?	ro.
, Md.	() out	at Befret Medi	L. Commission
Farier	23 SIGNATURE DULLES 1. Mas	M. D.	or other

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OCT 28 1947

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Neg. Dist. 1101, Amil.
1. PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town lights, write RURAL and give nearest town)	State Maryau County County
(If outside city or town lights, write KUKALI and give nearest town)	City or lown (ff outside city or town limits, write RURAL and give nearest town)
How long in above piace of death?	
nospirat, institution, or other assets	Sireet No(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) ti veteran, name war
3. (a) FULL NAME John & Award	Behle 3. (b) Social Security Number
Sex 5. Enfor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male While Widowed	20, DATE OF DEATH 08 - 2 19 47 21 8:1 M
6.(b) Name of hysband or wife Relecca Shaffer Lepp	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of	and that I last saw has alive on O. J. 19 18 42
deceased (ma., day, yr.) MRCerrico 0, 1806	Immediate cause of death
8. AGE: Years Months Days If less than one day O O O O O O O O O	Cami: Orderio selevisio
12 00 1 2 0 04	
9. Birthpiace (Town, county, and state)	Carrier Vor Brine
1D. Usual occupation	Due to
11. Industry or business	
12. Name Wallyam 3-11/11 13. Birthplace Wallyam	Other conditions
	(include pregnancy within 3 months of death)
14. Maiden name Suzau Shesman 15. Birtholace Muls maeur	Major findings of operations.
SE 15. Birthplace Muls nacou	Dale of op.
16. Interment Eclivard 3e/s/s	Actoray resolts
Manchester Mid	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Address Man Chapter 100 05 117	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removed, Which?) (Burial, cremation, or removed, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Legenetery	Whers did injury occur?
Location Manchestery Mug	Injured at home, farm, industry, public place (where?)
Au J. III . Va Xaus	Means of Injury Injured at work?
Address Mana Moles	marie a Porter Rul
10 -t All II OA D 1 VALLED	23. SIGNATURE MANUE C. M. M. J. or other
19 CC . 2 4 19 4 MW A. A. J. Black Begistrar (Date rec'd by registrar) Registrar	Address At mystery Mel Dale slaved 10-23-47

OCT 29 1947